

ARKANSAS UNCLAIMED PROPERTY REPORTING FORM

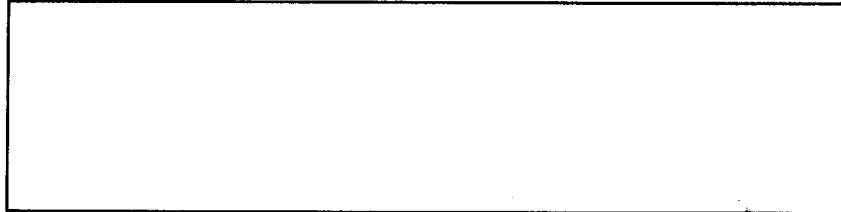
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AUDITOR OF STATE - UCP DIVISION
1400 West Third Street, Suite 100
Little Rock, AR 72201 - 1811

PRESORTED
FIRST CLASS MAIL
US POSTAGE
PAID
LITTLE ROCK, AR
PERMIT NO 861

Peel off the label below and place it in the address area of the TRANSMITTAL FORM



IMPORTANT
THIS PACKET CONTAINS YOUR UNCLAIMED PROPERTY
INSTRUCTIONS AND ANNUAL REPORT FORMS
DUE NOVEMBER 1
LIFE INSURANCE COMPANIES REPORT DUE MAY 1



AUDITOR OF STATE

Mail Completed Report and Remittances to:

Auditor of State
Unclaimed Property Division
1400 West Third Street, Suite 100
Little Rock, AR 72201-1811

For additional information visit our web site at <http://www.state.ar.us/auditor>

GUS WINGFIELD
AUDITOR



230 STATE CAPITOL
LITTLE ROCK, ARKANSAS 72201

AUDITOR OF STATE

DEAR HOLDER:

Enclosed is your company's **Arkansas Unclaimed Property Annual Holder Report** package. We have prepared this reporting package in a format we hope you will find easy to complete. If you have questions regarding this report or suggestions regarding how we may improve the holder report package, please call (501) 682-9174.

As a reminder:

- The Division of Unclaimed Property ("Division") **strongly encourages** holders to utilize electronic reporting when the annual number of reported records exceeds 100. You may report by diskette or magnetic tape.
- **Social Security Numbers are essential** and, if available, should be included with each name or record.
- The **Owner's relationship** to the funds is particularly helpful, for example, if an account is a custodial account, the principal owner and the custodian should be so designated. If reporting paid up life insurance proceeds, the **beneficiary name** must be included and so designated.
- Some holders mistakenly believe that if their records do not reflect the owner's current address then the Last Known Address field should contain "UNKNOWN". This is incorrect. This field should contain **the last known address as reflected by the holder's records**.
- Include the **interest rate**, if any, in effect at the time of remittance.

Arkansas accepts the National Association of Unclaimed Property Administrators (NAUPA) standardized unclaimed property reporting format as well as the format set out in this report booklet. Visit our web site at www.state.ar.us/auditor for additional information.

A handwritten signature in cursive script that reads "Gus Wingfield".

Gus Wingfield
Auditor of State

Steps to Complete Report

1. The holder's accountant or controller should review records for any unclaimed funds the company may be holding. See the **Property Type Codes & Abandonment Periods** schedule for types of reportable funds.
2. If a diligent search has shown that the company is not holding any unclaimed funds, please complete the **Transmittal** form enclosed in this packet, marking the "negative" box in the Type of Report section.
3. Choose a method of reporting after reviewing the following information on reporting methods. Indicate your method of reporting selection on the **Transmittal** form. The Division strongly encourages holders to utilize diskette or magnetic tape reporting when the number of records exceeds 100.
 - **DISKETTE:**
Diskette reporting is recommended for holders reporting less than 3,000 accounts. Please refer to the **Holder Information and Individual Owner** record layouts and the various codes. *Arkansas also accepts the NAUPA standardized unclaimed property reporting format.*
 - **MAGNETIC TAPE:**
Magnetic Tape reporting reduces holder time and cost and companies reporting more than 3,000 accounts should consider this method. To order specifications, call (501) 682-6000 and ask for the Data Processing Manager.
 - **PAPER FORMS:**
To report by paper, complete the applicable forms contained in this packet. **ALL FORMS MAY BE DUPLICATED.** A computer printout is acceptable as a detail sheet for cash items **IF** all required information is included. The **Transmittal** provides information about the holder and summarizes the actual amount of unclaimed property being reported and remitted. Report all regular unclaimed cash funds including dividends and cash balances in stock accounts on **AOS/UP2**. Report only cash from Mineral Proceeds on **AOS/UP3**. Report all stock and securities on **AOS/UP4**. Report all safekeeping repository and contents from safe deposit boxes on **AOS/UP5**.
4. Complete your report. Statute requires you to report each amount of \$50.00 or more separately. However, the Division prefers to have each amount of \$25 or more reported separately if you have the information. Mail the unclaimed funds report, securities, safe deposit box contents and holder's remittance to:

**Auditor of State
Unclaimed Property Division
1400 West Third Street, Suite 100
Little Rock, AR 72201-1811**

HOLDER INFORMATION**Record Length (256)/(1) Record Only**

Field Description	Length of Field	Type	Position
Record code (A) Hard coded	1	Character	1-1
Report Year	4.0	Numeric	2-5
Name of Holder Fld 1	31	Character	6-36
Name of Holder Fld 2 (if needed)	30	Character	37-66
Address Line 1	31	Character	67-97
Address Line 2	31	Character	98-128
City	25	Character	129-153
State	2	Character	154-155
Zip Code	5.0	Numeric	156-160
Zip +4	4.0	Numeric	161-164
Contact	30	Character	165-194
Phone Number Area Code	3.0	Numeric	195-197
Phone Number	7.0	Numeric	198-204
Federal ID Number	15	Character	205-219
Total Amount Reported All Owners	9.2	Numeric	220-228
Holder Type Code (See Listing)	3.0	Numeric	229-231
Holder Type Description if No Code	25	Character	232-256

NOTE: This Record will be followed by (B) type records.

INDIVIDUAL OWNER INFORMATION**Record Length (256)/Any Number of Records**

Record Code (B) Hard Coded	1	Character	1-1
Name	25	Character	2-26
Relationship Code (See Listing)	2	Character	27-28
Address Line 1	20	Character	29-48
Address Line 2	20	Character	49-68
City	20	Character	69-88
State	2	Character	89-90
Zip Code	5.0	Numeric	91-95
Zip+4	4.0	Numeric	96-99
Account Number	15	Character	100-114
Social Security Number	9.0	Numeric	115-123
Date of Last Transaction (mmddyy)	6.0	Numeric	124-129
County Name	15	Character	130-144
Amount Reported	8.2	Numeric	145-152
Property Type Code (See Listing)	3.0	Numeric	153-155
Property Type Description (If no code)	20	Character	156-175
Filler	83	Blanks	176-256

NOTE: The (Amount Reported) in these records should total the (Total Amount Reported) in (A) Record

HOLDER TYPE CODES

000 UNIDENTIFIED	017 MANUFACTURING	034 TRANSFER AGENT
001 AGRI-INDUSTRY	018 MEDICAL CLINIC	035 TRUCKING/TRANSPORT CO
002 AIRLINE/AIR FREIGHT	019 MINING COMPANY	036 UTILITY CO
003 AUTOMOBILE COMPANY	020 MONEY ORDERS	037 UNIVERSITY/ COLLEGE
004 BANK	021 MORTGAGE COMPANY	038 WHOLESALE
005 BROKER/INVESTMENT	022 MUTUAL FUND	039 CONSTRUCTION
006 CABLE/COMMUNICATIONS	023 NURSING HOME	040 SERVICE
007 CREDIT UNION	024 OIL/GAS	041 MUNICIPALITY
008 ENTERTAINMENT	025 PUBLISHING	042 REAL ESTATE
009 FINANCE COMPANY	026 RELIGIOUS	043 PHARMACEUTICAL
010 FOOD PROCESSOR	027 RENTAL/LEASING	044 STATE AGENCY
011 GOVERNMENT ENTITY	028 RESTAURANT	045 RAILROADS
012 GROCER	029 RETAIL/STORE	046 SAFE DEPOSIT COMPANY
013 HEALTHCARE MGMT	030 SAVINGS & LOAN	047 STOCK BROKERS/DEALERS
014 HOSPITAL	031 STATE UCP DIVISION	048 COUNTY GOVERNMENT
015 HOTEL/MOTEL	032 TELEPHONE COMPANY	049 CITIES AND TOWNS
016 INSURANCE	033 TITLE/ABSTRACT CO	050 CITY GOVERNMENT

RELATIONSHIP CODES

AD ADMINISTRATOR	FB FOR BENEFIT OF
AF ATTORNEY FOR	GR GUARDIAN FOR
AG AGENT FOR	IN INSURED
AN AND	JC JOINT TENANTS IN COMMON
AO AND/OR	JT JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP
BF BENEFICIARY	OR OR
CC CO-CONSERVATOR	PA PAYEE
CF CUSTODIAN FOR	PO POWER OF ATTORNEY
CN CONSERVATOR	RE REMITTER
EX EXECUTOR OR EXECUTRIX	TE AS TRUSTEE FOR
	UG UNIFORM GIFT MINORS ACT "UGMA"

DEDUCTIONS AND WITHHOLDING CODES

DR DRILLING FEES AND UNPAID RENT	SC STORAGE CHARGES
--	---------------------------

Note: These codes are used for reporting safe deposit
boxes or safekeeping

PROPERTY TYPE CODES & ABANDONMENT PERIODS

Account Balances Due (1)

<u>Yrs</u>	<u>Code</u>	<u>Description</u>
5	101	Checking Accounts
5	102	Savings Accounts
5	103	Matured CD or Savings Certificate
5	104	Christmas Club Funds
5	105	Money on Deposit to secure fund
5	106	Security Deposits
5	107	Unidentified Deposits
5	108	Suspense Accounts
5	199	Aggregate Account Balances under \$50

Uncashed Checks (2)

<u>Yrs</u>	<u>Code</u>	<u>Description</u>
5	201	Cashier's Checks
5	202	Certified Checks
5	203	Registered Checks
5	204	Treasurer's Checks
5	205	Drafts-Checks
5	206	Warrants
7	207	Money Orders
15	208	Traveler's Checks
5	209	Foreign Exchange Checks
5	210	Expense Checks
5	211	Pension Checks
5	212	Credit Checks or Memos
5	213	Vendor Checks
5	214	Checks Written Off to Income
5	215	Other Outstanding Official Checks
5	216	CD Interest Checks
5	299	Aggregate Uncashed Checks under \$50

Mineral Proceeds & Mineral Interest (3)

<u>Yrs</u>	<u>Code</u>	<u>Description</u>
5	301	Net Revenue Interest
5	302	Royalties
5	303	Overriding Royalties
5	304	Production Payments
5	305	Working Interest
5	306	Bonuses
5	307	Delay Rentals
5	308	Shut-in Royalties
5	309	Minimum Royalties
5	399	Aggregate Mineral Interest under \$50

Misc. Checks & Intangible Personal Property (4)

<u>Yrs</u>	<u>Code</u>	<u>Description</u>
1	401	Wages, Payroll, Salary
1	402	Commissions
5	403	Workers Compensation Benefits
5	404	Payment for Goods & Services
3	405	Customer Overpayment
5	406	Unidentified Remittances
3	407	Unrefunded Overcharges
5	408	Accounts Payable
3	409	Credit Balances - Accounts Receivable
3	410	Discounts Due
3	411	Refunds Due
5	412	Unclaimed Loan Collateral
3	413	Pension & Profit Sharing Plans
1	414	Dissolution or Liquidation
5	415	Misc. Outstanding Checks
5	416	Misc. Intangible Property
5	417	Suspense Liabilities
5	499	Aggregate Misc. Property under \$50

Safe Deposit Boxes & Safekeeping (5)

<u>Yrs</u>	<u>Code</u>	<u>Description</u>
5	501	Safe Deposit Box contents
5	502	Other Safekeeping
5	503	Other Tangible Property

Court Deposits (6)

<u>Yrs</u>	<u>Code</u>	<u>Description</u>
1	601	Escrow Funds
1	602	Condemnation Awards
1	603	Missing Heirs/Funds
1	604	Suspense Accounts
1	605	Other Court Deposits (includes class actions)
1	699	Aggregate Court Deposits under \$50

Insurance (7)

<u>Yrs</u>	<u>Code</u>	<u>Description</u>
5	701	Individual Policy Benefits or Claim Pmts
5	702	Group Policy Benefits or Claim Pmts
3	703	Proceeds Due Beneficiaries
3	704	Proceeds from matured policies, endowments or annuities
5	705	Premium Refunds
5	706	Unidentified Remittances
5	707	Other Amounts Due under Policy Terms
3	708	Agent Credit Balances
5	799	Aggregate Insurance Property under \$50

Securities (8)

<u>Yrs</u>	<u>Code</u>	<u>Description</u>
5	801	Dividends
5	802	Interest (Bond Coupons)
5	803	Principal Payments
5	804	Equity Payments
5	805	Profits
5	806	Funds Paid to Purchase Shares
5	807	Funds for Stocks & Bonds
5	808	Shares of Stock (Returned by PO)
5	809	Cash for fractional shares
5	810	Unexchanged stock of successor corp
5	811	Other Certificates of Ownership
5	812	Underlying shares or other outstanding certificates
5	813	Funds for liquidations/redemption of unsurrendered stock or bonds
5	814	Debentures
5	815	US Government Securities
5	816	Mutual Fund Shares
5	817	Warrants (Rights)
5	818	Matured Bond Principal
5	819	Dividend Reinvestment Plans
5	820	Credit Balances
5	899	Aggregate Security Related cash under \$50

Trust Investment & Escrow Accounts (9)

<u>Yrs</u>	<u>Code</u>	<u>Description</u>
5	901	Paying Agent Accounts
5	902	Undelivered or Uncashed Dividends
5	903	Funds Held in Fiduciary Capacity
5	904	Escrow Accounts
5	905	Trust Vouchers
5	999	Aggregate Trust Property under \$50

Utilities (11)

<u>Yrs</u>	<u>Code</u>	<u>Description</u>
1	111	Utility Deposits
5	112	Membership Fees
5	113	Refunds or Rebates
5	114	Capital Credit Distributions
5	119	Aggregate Utility property under \$50

HOLDER ANNUAL REPORT OF UNCLAIMED PROPERTY TRANSMITTAL (AOS/UP1) Instructions

Every holder must complete and file Form AOS/UP1 HOLDER ANNUAL REPORT OF UNCLAIMED PROPERTY TRANSMITTAL. In the event there are no unclaimed funds to report, this is the only form that you need to file.

TRANSMITTAL (AOS/UP1):

1. Remove the mailing label from the front of the packet and affix in the address box on the front page as indicated. If there are any changes, so indicate in the box provided. If a name change has occurred, please explain. (Example: merged with ABC corporation, effective 00/00/00). If you do not affix the label, *please enter your **holder file number*** in the designated space. If you are a first time filer, check the "first" box under "Type of Report".
2. Enter the **report year**. (Example: Holders filing November 1, 2000 would enter "2000")
3. Enter **all requested information** including your federal ID number, holder type (see list), state and date of incorporation, name of the contact person, telephone, e-mail, and fax number. The contact person should be the individual who would be able to answer any questions concerning the report.
4. Answer the **due diligence** question. Law requires you to perform certain due diligence prior to filing your annual report.
5. Indicate which **type report** you are filing. **Annual:** holder's report due November 1. **Compliance:** report filed as a result of correspondence from the Auditor of State. **First:** this is the first time your company has filed a report. **Audit:** report filed as result of an audit by the Division. **Negative:** no unclaimed funds to report (file only AOS/UP1). **Other:** not specifically identified above, e.g. corrections or deletions. If "other" is checked, please include a cover letter that specifies which report year you are changing.
6. Indicate your **reporting method**. If you select Diskette or Magnetic Tape, please provide a paper backup.
7. Complete the section on **subsidiaries**.
8. Complete the summary. Enter the **totals** from AOS/UP2 Cash and AOS/UP3 Mineral Proceeds. Total these two amounts, and **attach your check** in this amount to the front of the form. Enter the totals from AOS/UP4 and AOS/UP5 on the appropriate line for shares and boxes. Do not enter the value of shares.
9. An authorized representative should **complete, date and sign the certification**.

This form is issued under the authority of Arkansas Code §18-28-201 et seq.

**Unclaimed Property Division
1400 West Third Street, Ste 100
Little Rock, AR 72201-1811**

This TRANSMITTAL must accompany your annual report whether you are filing on paper, diskette or tape. If your report does not meet Auditor specifications it will be returned to you. Holders filing from multiple branches under one federal employer number must coordinate a branch identification number with the UPD.

Apply Mailing Label Here		Report Year	
Holder Name		Federal Employer ID Number	Holder No. Holder Type
Address		State of Incorporation	Date of Incorporation
City, State, Zip Code		County	Report Number
Did you exercise due diligence this report year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you file a Report of Unclaimed Property last year? <input type="checkbox"/> Yes <input type="checkbox"/> No, Explain	
State your primary business activity		Type of Report: <input type="checkbox"/> Annual <input type="checkbox"/> Compliance <input type="checkbox"/> First <input type="checkbox"/> Audit <input type="checkbox"/> Negative <input type="checkbox"/> Other	
Annual Sales/Premiums		Method of Reporting: <input type="checkbox"/> Tape <input type="checkbox"/> Disk <input type="checkbox"/> Paper Do not mix media types for same report	
Total Assets		Is the company a wholly owned subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No a division? <input type="checkbox"/> Yes <input type="checkbox"/> No publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No private? <input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Employees			

Reporting requirements. You must report and remit all property in your custody that belongs to someone else and has gone unclaimed.

a. _____

b. _____

C. _____

d. \$ _____

e. \$ _____

f. \$ _____

CERTIFICATION: I declare, under penalties imposed by Act 850 of 1999 that I have examined this report and to the best of my knowledge it is true and complete and I have authority to so certify.

CONTACT PERSON (Please print)	Check this box if the contact Person is an agent <input type="checkbox"/>	Telephone () _____ Fax () _____ E-Mail _____
Authorizing Signature	TITLE	DATE

Form AOS/UP2 OWNERS OF UNCLAIMED FUNDS Instructions

This form is used to report individual CASH and cash related items of unclaimed funds, stock dividends, and bond interest. If applicable, complete and return AOS/UP3, AOS/UP4, and AOS/UP5. Mineral Proceeds cash should be reported separately on AOS/UP3. If the form provided is not large enough for all cash listings, copy before using or attach a computer printout which include all required information.

- **Page Numbers:** Enter page numbers of Form AOS/UP2 consecutively at the top right hand corner.
- **Page Totals:** Total the "Amount Reported" column on each page and enter the "grand total" on the last page as well as on the "Cash Items" line on the front of the TRANSMITTAL (AOS/UP1).
- **Aggregate Amount:** Individual owner accounts, **due to Arkansas owners**, having identifiable owner information with a value of less than \$50.00 (\$25 preferred) should be reported as one figure by Property Type Code. State the total number of items and amount being remitted (Example: 20 items UNDER \$50.00 totaling \$650.00, checking accounts). **Enter the total aggregate amount on the first line, first page of AOS/UP2. DO NOT AGGREGATE DIVIDENDS AND BOND INTEREST.**
- **Unknown Accounts:** Total and list as "unknown" all accounts where there is no identifying owner name, regardless of amount. Enter the *total of unknown accounts* on the **second line, first page** of AOS/UP2, if applicable.
- **Owner Name:** Enter the full name of each owner of property valued at \$50.00 or more. For an owner that is an individual list the *last name, insert a comma, insert a space, full first name, insert a space and middle initial*, if available. List all information that would help with identification such as Jr or Sr after the middle initial. Example:

Smith, James R Jr

Punctuation should consist only of a comma between the last and first name. List corporation, partnership, association and trade names exactly as adopted. Where there are two or more owners of a piece of property list each owner on a separate line. List the primary owner first along with the total unclaimed funds for all owners. List the remaining owners along with \$0.00 in the Amount Reported column. For example:

Smith, James R Jr	\$725.00
Smith, Betty S	0.00

- **Last Known Address:** Report the last known address of the owner, beneficiary, payee, or trustee **as shown by your records**, even though mail has been returned from such address. If the address is unknown, insert "Unknown". Do NOT abbreviate city names. Use standard Post Office Abbreviations for state. Use no punctuation.

Form AOS/UP2 Instructions (Continued)

- **Relationship Code:** Enter the appropriate Relationship Code which best describes the **owner's relationship to the funds**. These codes are listed in this packet.
- **Social Security No. or Federal Tax ID No:** Other than the owner's name the most important information you can furnish is the owner's Social Security Number or Federal Tax Identification Number. The Division holds all Social Security numbers in strictest confidence with disclosure only to State of Arkansas employees involved with identification of funds and payment of claims.
- **Property Type Code:** Insert the correct property type code corresponding to the description of funds. These codes are listed in this packet.
- **Owner's Account, Certificate or Policy No:** Enter your identifying number for the unclaimed funds submitted. (Example: owner account number, check number, account certificate or insurance policy number.)
- **Interest Rate:** If account was earning interest at the time of remittance, you **must** include the interest rate.
- **Date of Last Transaction:** This is the date of the "contact" such as last deposit or withdrawal made by the owner. It may also be the date of the check, or the date the property became payable, demandable, or distributable. If payable on demand, the date the instrument was issued should be used. For automatic rollover, use the date following the first maturity.
- **Amount Reported:** The unclaimed amount including interest, dividends, payment of principal or other sum held or owed to the owner.

(ALL ARKANSAS ITEMS LESS THAN \$50 (\$25 Preferred) SHOULD BE REPORTED IN AGGREGATE - SEE INSTRUCTIONS)

AOS/UP(REV 2/00)

Form AOS/UP3 MINERAL PROCEEDS Instructions

This form is used only to report individual cash and cash related items of unclaimed "Mineral Proceeds" defined by Arkansas Statutes at § 18-28-201(9):

"Mineral proceeds" means amounts payable for the extraction, production, or sale of minerals, or upon the abandonment of those payments, all payments that become payable thereafter. The term includes amounts payable:

- (i) for the acquisition and retention of a mineral lease, including bonuses, royalties, compensatory royalties, shut-in royalties, minimum royalties, and delay rentals.***
 - (ii) for the extraction, production, or sale of minerals, including net revenue interests, royalties, overriding royalties, extraction payments, and production payments; and***
 - (iii) under an agreement or option, including a joint operating agreement, unit agreement, pooling agreement, and farm-out agreement.***
- **Legal Description of the Property:** List a brief legal description of the property interest. Example:

NW NW Sec 10
T2N R4W Pope Co
(Well or Project Name)

Refer to the instructions for AOS/UP2 for additional information on how to complete this form.

Name: _____ Address: _____ Report Year: _____
(ALL **ARKANSAS** ITEMS LESS THAN \$50(\$25 Preferred) SHOULD BE REPORTED IN THE AGGREGATE - SEE INSTRUCTIONS)

AOS/UP(REV2/00)

Form AOS/UP4 STOCK AND OTHER SECURITIES Instructions

This form is used to report all classes of stock and undeliverable, unexchanged, underlying, and other securities presumed abandoned. Unclaimed securities should be listed in alphabetical order by issuer name, including CUSIP number and account number. Cash dividends, bond interest, and other security related cash items are to be reported on AOS/UP2. DO NOT ENTER the market value of unliquidated securities anywhere on this report. See instructions for AOS/UP2 for information on how to list owners.

- **Mutual Funds** should be liquidated and reported on AOS/UP2 as cash.
- **Issuer Name & Account No. or CUSIP No.:** List the name of the entity which issued the securities. If more than one issuer is being reported, list the issuer's names in alphabetical order. Enter the CUSIP or account number for the security.
- **Description of Security:** Identify the securities reported by type class, such as common, preferred, or registered bond.
- **Date of Last Transaction:** Enter the date on which the property became payable, redeemable, or returnable. For reportable shares from stock dividends and stock splits provide the date payable. For unexchanged shares of a successor corporation provide the effective date when shares of the merged/acquired corporation were exchanged. If the security is an underlying share enter the issue date of the earliest uncashed dividend check as the date of the last transaction.
- **No of Shares:** Enter the number of shares for each owner transmitted with the report and enter the total at the bottom of the page. The grand total should be entered on the last page of this report and on the first page of AOS/UP-1. Attach only non-transferrable reported securities to this form.
- All securities must be re-registered in the name of the **State of Arkansas, Auditor of State, Unclaimed Property Division, Federal Tax ID No. 71-6006062 and deposited directly with our custodial agent, Prudential Securities Inc., Account No. 07P-963699 as follows:**

DTC #: Prudential Securities Inc. **0030 Code 40**
FOA –**07P-963699** State of Arkansas Auditor of State
Unclaimed Property Division

By Mail: Prudential Securities Inc. Attn: Ron Graham, Operations Manager
16101 LaGrande Dr Ste 105
P. O. Box 8206
Little Rock, AR 72221

**ALL STOCK DELIVERIES MUST BE CONFIRMED IN WRITING TO THE
ARKANSAS AUDITOR OF STATE**

STATE OF INCORPORATION:

AOS/UP(REV2/00)

Form AOS/UP5 CONTENTS OF SAFE DEPOSIT BOXES OR OTHER SAFEKEEPING REPOSITORIES Instructions

Every holder maintaining safe deposit boxes or other safekeeping repositories located in the state of Arkansas must report and remit to the Auditor of State property in its possession which constitutes unclaimed property. This form is used to report the owner information and the total number of boxes or repositories remitted.

Inventory Forms. You should contact the Unclaimed Property Division, 501-682-9174 and request inventory forms. The actual box/repository contents must be remitted with the Auditor of State inventory form attached. **Contents should be delivered on or after March 1 with a completed inventory form attached.**

- **Safe Deposit Box Identifying No:** Enter the box number rented by the owner.
- **Date Lease or Rental Expired:** Enter the date of expiration or date the box was drilled and contents inventoried.
- **Fees Paid by Holder:** List out of pocket costs, if any, for drilling, storage, and/or unpaid rental.
- **No of Boxes:** Enter the number of boxes reported for each owner. Total each page and add the Grand Total on the last page and on the TRANSMITTAL (AOS/UP1).

Refer to the instructions for AOS/UP2 for additional information on how to complete this form.

We strongly recommend that safe deposit/repository contents be delivered by bonded messenger or by insured mail for receipt at our office between 8:00 a.m. and 4:00 p.m., Monday through Friday, excluding holidays.

Name: _____ Address: _____ Report Year: _____
(NOTE: In addition to this form a complete AOS Inventory Form must be attached to each owner's contents when remitted.)

AOS/UP(REV 2/00)

SAMPLE DUE DILIGENCE

To: _____

Date: _____

Re: Disposition of Outstanding Check

Our records indicate that the following check issued to you is still outstanding:

Check #

Date Issued

Amount Issued

Please indicate the disposition of the check on the bottom of this form and return it to us within _____ days

Disposition of Check

_____ I cashed the above check. Provide date cashed, if known: ____/____/____

_____ I am holding the above check for the following reason:

_____ I received the above check, but it has been lost or destroyed. Please issue a replacement check.

_____ I did not receive the above check. Please issue a replacement check.

_____ Other, explain:

Please sign here:

Address (if other than above):

SAMPLE DUE DILIGENCE

HOLDER NAME & ADDRESS

CUSTOMER NAME

CUSTOMER ADDRESS

CUSTOMER CITY, STATE & ZIP

It is the policy of (HOLDER) to review and update our account records periodically. Our records of your savings/checking account number 123456 indicate no transactions as of (LAST ACTIVITY DATE) for (REPORT YEAR). Your account needs to be brought current. State law requires us to turn this account over to the state if the account is truly abandoned. To prevent us from turning your account over to the state's unclaimed property office, please check the appropriate box, sign in the space provided below, and return this to us as soon as possible.

() The above address information is correct for the account and I am aware of the account.

() Please change the account holder(s) name(s) and/or address(es) to read as follows:

() I wish to close this account. Please send a check for the closeout amount to the following address:

Signature

Date

Your assistance is appreciated. Please contact our office if you have any questions.

Sincerely,

Your Bank Officer

CHECK LIST

- Did you affix the mailing label to the appropriate box on the TRANSMITTAL page?
- Did you indicate your type of report and preferred method of reporting?
- Did you furnish all identifying information for owner accounts including the **social security number** (where available) and **last known address** (even if incorrect)?
- Did you make the check payable to or have securities remitted in the name of "State of Arkansas, Auditor's Office"?
- If you have any additional questions, please call 501-682-9174.